



**Supreme Court of New Jersey  
Advisory Committee on Judicial Conduct**

Richard J. Hughes Justice Complex  
P.O. Box 037, Trenton, New Jersey 08625-0037  
Phone: 609-815-2900 ext. 51910 Fax: 609-376-3092  
Website: [www.njcourts.gov](http://www.njcourts.gov)

**For Office Use Only**

Docket Number:

Date Received:

**Complaint Form**

Instructions: Please type or print all information. You may attach any supporting documentation to this complaint form and send it to the address shown above. Be advised that the Committee will not return any documents. Pursuant to R. 2:15-8(a), the Committee shall review any written statement, criticism, or grievance that contains allegations regarding a judge of the Superior Court, Surrogate's Court, Tax Court or Municipal Court.

Your Name: ☐ Mr. ☐ Miss \_\_\_\_\_  
☐ Mrs. ☐ Ms. Last First Middle

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Judge(s): \_\_\_\_\_

County/Municipality Where Judge(s) Presides: \_\_\_\_\_

Case Number/Docket Number (if applicable): \_\_\_\_\_

List the name and contact information of any Attorney(s) involved:

---

---

---

---

List the name and contact information of any witnesses who observed the judge's conduct:

---

---

---

## **Complaint Form**

Please state the nature of your complaint against the judge(s) and provide specific facts to support your allegation(s) of judicial misconduct. Please include the date(s) and time(s) of the alleged misconduct. You may attach additional pages, if necessary.

## Complaint Form

I certify that the foregoing statements made by me are true and correct to the best of my knowledge, information and belief.

---

Signature

---

Date

Please return this completed form to:

Advisory Committee on Judicial Conduct

P.O. Box 037

Trenton, New Jersey 08625-0037